

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)
Box No. I TITLE OF INVENTION A ROOF WATERPROOFING SYSTEM CONSISTING OF AN ORGANIC RESIN PROTECTED BY AN ALUMINUM-COPOLYMER COMPOSITE FOIL
Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

MARTINEZ, CELSO JUNIOR
AVENIDA DR. CARLOS BOTELHO, 3020
13560-251 SÃO CARLOS - SP.
BRAZIL - SOUTH AMERICA

 This person is also inventor.Telephone No.
+ 55 16 272-9103Facsimile No.
+ 55 16 271-3061

Teleprinter No.

State (i.e. country) of nationality:

BRAZIL

State (i.e. country) of residence:

BRAZIL

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

BEST AVAILABLE COPY

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.

Facsimile No.

Teleprinter No.

 Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

<p>Box No.V DESIGNATION STATES</p> <p>The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):</p> <p>Regional Patent</p> <p><input type="checkbox"/> AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT</p> <p><input type="checkbox"/> EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT</p> <p><input checked="" type="checkbox"/> EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT</p> <p><input type="checkbox"/> OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)</p> <p>National Patent (if other kind of protection or treatment desired, specify on dotted line):</p> <p><input type="checkbox"/> AL Albania</p> <p><input type="checkbox"/> AM Armenia</p> <p><input type="checkbox"/> AT Austria</p> <p><input type="checkbox"/> AU Australia</p> <p><input type="checkbox"/> AZ Azerbaijan</p> <p><input type="checkbox"/> BA Bosnia and Herzegovina</p> <p><input type="checkbox"/> BB Barbados</p> <p><input type="checkbox"/> BG Bulgaria</p> <p><input type="checkbox"/> BR Brazil</p> <p><input type="checkbox"/> BY Belarus</p> <p><input checked="" type="checkbox"/> CA Canada</p> <p><input type="checkbox"/> CH and LI Switzerland and Liechtenstein</p> <p><input type="checkbox"/> CN China</p> <p><input type="checkbox"/> CU Cuba</p> <p><input type="checkbox"/> CZ Czech Republic</p> <p><input type="checkbox"/> DE Germany</p> <p><input type="checkbox"/> DK Denmark</p> <p><input type="checkbox"/> EE Estonia</p> <p><input type="checkbox"/> ES Spain</p> <p><input type="checkbox"/> FI Finland</p> <p><input type="checkbox"/> GB United Kingdom</p> <p><input type="checkbox"/> GE Georgia</p> <p><input type="checkbox"/> GH Ghana</p> <p><input type="checkbox"/> GM Gambia</p> <p><input type="checkbox"/> GW Guinea-Bissau</p> <p><input type="checkbox"/> HU Hungary</p> <p><input type="checkbox"/> ID Indonesia</p> <p><input type="checkbox"/> IL Israel</p> <p><input type="checkbox"/> IS Iceland</p> <p><input checked="" type="checkbox"/> JP Japan</p> <p><input type="checkbox"/> KE Kenya</p> <p><input type="checkbox"/> KG Kyrgyzstan</p> <p><input type="checkbox"/> KP Democratic People's Republic of Korea</p> <p><input type="checkbox"/> KR Republic of Korea</p> <p><input type="checkbox"/> KZ Kazakhstan</p> <p><input type="checkbox"/> LC Saint Lucia</p> <p><input type="checkbox"/> LK Sri Lanka</p> <p><input type="checkbox"/> LR Liberia</p> <p><input type="checkbox"/> LS Lesotho</p> <p><input type="checkbox"/> LT Lithuania</p> <p><input type="checkbox"/> LU Luxembourg</p> <p><input type="checkbox"/> LV Latvia</p> <p><input type="checkbox"/> MD Republic of Moldova</p> <p><input type="checkbox"/> MG Madagascar</p> <p><input type="checkbox"/> MK The former Yugoslav Republic of Macedonia</p> <p><input type="checkbox"/> MN Mongolia</p> <p><input type="checkbox"/> MW Malawi</p> <p><input type="checkbox"/> MX Mexico</p> <p><input type="checkbox"/> NO Norway</p> <p><input type="checkbox"/> NZ New Zealand</p> <p><input type="checkbox"/> PL Poland</p> <p><input type="checkbox"/> PT Portugal</p> <p><input type="checkbox"/> RO Romania</p> <p><input type="checkbox"/> RU Russian Federation</p> <p><input type="checkbox"/> SD Sudan</p> <p><input type="checkbox"/> SE Sweden</p> <p><input type="checkbox"/> SG Singapore</p> <p><input type="checkbox"/> SI Slovenia</p> <p><input type="checkbox"/> SK Slovakia</p> <p><input type="checkbox"/> SL Sierra Leone</p> <p><input type="checkbox"/> TJ Tajikistan</p> <p><input type="checkbox"/> TM Turkmenistan</p> <p><input type="checkbox"/> TR Turkey</p> <p><input type="checkbox"/> TT Trinidad and Tobago</p> <p><input type="checkbox"/> UA Ukraine</p> <p><input type="checkbox"/> UG Uganda</p> <p><input checked="" type="checkbox"/> US United States of America</p> <p><input type="checkbox"/> UZ Uzbekistan</p> <p><input type="checkbox"/> VN Viet Nam</p> <p><input type="checkbox"/> YU Yugoslavia</p> <p><input type="checkbox"/> ZW Zimbabwe</p> <p>Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of

The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY (Further priority claim indicated in the Supplemental Box <input type="checkbox"/>
The priority of the following earlier application(s) is hereby claimed:		
Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.
item (1) BRAZIL	29/07/1997	MU 7701574-6
item (2)		
item (3)		

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):

The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): **ITEM (1)**

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): **ISA / EPO**

Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:

Country (or regional Office): Date (day/month/year): Number:

Box No. VIII CHECK LIST

This international application contains the following number of sheets:

1. request : 03	sheets
2. description : 05	sheets
3. claims : 01	sheets
4. abstract : 01	sheets
5. drawings : 01	sheets
<hr/>	
Total : 11	sheets

This international application is accompanied by the item(s) marked below:

1. <input type="checkbox"/> separate signed power of attorney	5. <input checked="" type="checkbox"/> fee calculation sheet
2. <input type="checkbox"/> copy of general power of attorney	6. <input type="checkbox"/> separate indications concerning deposited microorganisms
3. <input type="checkbox"/> statement explaining lack of signature	7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette)
4. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	8. <input type="checkbox"/> other (specify):

Figure No. _____ of the drawings (if any) should accompany the abstract when it is published.

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



CELSO MARTINEZ JUNIOR

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority specified by the applicant: ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT**FEES CALCULATION SHEET**
Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

Applicant

CELSO MARTINEZ JUNIOR

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 236,00 T

2. SEARCH FEE DEM. 550,00 X 0,661948 364,07 S

International search to be carried out by EPO

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 11 sheets.

$$\begin{array}{l} \text{first 30 sheets CHF } 650,00 \times 0,788392 = 512,46 \\ \hline \text{remaining sheets additional amount} \end{array} \quad \boxed{b_1} \quad \boxed{b_2}$$

Add amounts entered at b_1 and b_2 , and enter total at B 512,46 B

Designation Fees

The international application contains 04 designations.

$$\begin{array}{l} 04 \times \text{CHF } 150,00 \times = 473,04 \\ \text{number of designation fees} \quad \text{amount of designation fee} \\ \text{payable (maximum 11)} \quad \times 0,788392 \end{array} \quad \boxed{D}$$

Add amounts entered at B and D and enter total at I 246,38 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT 75,00 P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

BRR 921,45
TOTAL The designation fees are not paid at this time.**MODE OF PAYMENT**

authorization to charge
deposit account (see below)

cheque

postal money order

bank draft

cash

revenue stamps

coupons

other (specify):

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)The RO/ is hereby authorized to charge the total fees indicated above to my deposit account. is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account Number

Date (day/month/year)

Signature

Patent Cooperation Treaty

Request for reduction of the EPO fees for the international search and preliminary examination in favour of nationals of developing countries

(Decision of the Administrative Council of the European Patent Organisation
of 9 December 1983 as amended on 8 June 1984, OJ EPO 1984, 3, 297)

Addressee a)

INSTITUTO NACIONAL DA PROPRIEDADE
INDUSTRIAL
PRAÇA MAUÁ, 7
10º ANDAR
20083-900 RIO DE JANEIRO - RJ
BRAZIL - SOUTH AMERICA

Applicant's or agent's file reference
(indicated by applicant if desired)

I. Identification of the international application

International application no. b)	International filing date b)	Priority date b)
		29/07/1997

Title of invention

A ROOF WATERPROOFING SYSTEM CONSISTING OF AN ORGANIC
RESIN PROTECTED BY AN ALUMINUM-COPOLYMER COMPOSITE FOIL

II. Request

The applicant(s) identified below (Box IV) herewith request(s) a reduction by 75 % of the

EPO international search fee
 EPO preliminary examination fee

In accordance with the Decision of the Administrative Council of the European Patent Organisation of 9 December 1983 as amended on 8 June 1984 relating to the international application identified above.

III. Declaration c)

The applicant(s) identified below (Box IV) affirm(s) the truth of the statement of nationality, residence and/or principal place of business. Furthermore the applicant(s) affirm(s) that natural or legal persons who are not nationals of a developing country or who have their residence or principal place of business outside the developing countries have neither a direct nor indirect holding or interest.

IV. ApplicantAdditional applicants are indicated on supplemental sheet

Name

CELSO MARTINEZ JUNIOR

Address (including postal code and country) AVENIDA DR. CARLOS BOTELHO, 3020
 13560-251 - SÃO CARLOS - SP.
 BRAZIL - SOUTH AMERICA

Nationality (country)

BRAZIL

Residence or principal place of business (country)

BRAZIL

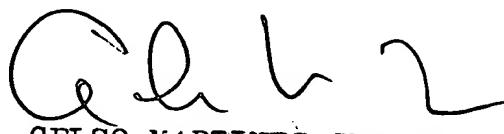
Telephone number (if any)

+55 16 272-9103

Fax number (if any)

+55 16 271-3061

Telex number (if any)

V. Signature of applicants


CELSO MARTINEZ JUNIOR

The following boxes are for the use of the receiving Office and European Patent Office respectively

The _____
 acting as receiving Office

(specify)

Authorised official:

accedes to the request for a reduction of the international search fee

does not accede to the request for the reasons given on
 the attached supplemental sheet

copy of fee reduction request which shows the above decision
 has been sent to the EPO branch at The Hague

Date:

The European Patent Office acting as International Preliminary
 Examining Authority

Authorised official:

accedes to the request for a reduction of the international
 preliminary examination fee

does not accede to the request for the reasons given on
 the attached supplemental sheet

Date: